

Addressing the Prevention Needs of Men Who Have Sex with Men

Course Dates:

November 1-2, 2007
Greenville, SC

**All trainings will begin promptly at 9 a.m.
Participant's sign-in is at 8:30 a.m.**

Registration form

***For registration, cancellation, or course
Information contact:***

James Harris, Jr.
STD/HIV Division Training Coordinator
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***Deadline for registration is 15 business days
prior to the training.***

Course Description:

This 2-day training will address some of the special issues in HIV prevention for MSMs, including the impact of homophobia, communal grief, challenges for young MSMs, and issues related to alcohol use and other issues. The workshop is designed to enhance participants' abilities to address the special prevention issues of male clients who identify as gay and other men who have sex with men. This training will provide a comfortable environment for participants who are unfamiliar with MSM issues to gain valuable knowledge and skills.

Topics to be discussed are:

- Improving MSM awareness of their risk for HIV.
- Identifying and beginning to address the issues that impact risky behaviors.
- Assessing specific needs for, access to, and support for psychosexual health that is responsive to MSM issues.

Prerequisites:

- HIV, STD, and S.C. Law or an equivalent HIV Facts based course.
- Test Decision and Result Counseling, and Risk Reduction Counseling

or

Fundamentals of HIV Prevention Counseling.

Audience:

All Health and Human Services Providers

Instructor (s):

Bill Hight, Ph. D

Training Hours:

13.5

Continuing Education Units available.



STD/HIV Division

Addressing the Needs of Men Who Have Sex with Men

Registration Form

Completion of this form indicates your intentions to attend the course indicated. This registration will not be processed without your supervisor's signature. **You will receive confirmation of enrollment when your registration is processed. All DHEC courses will be limited to the first 20 individuals registered.**

Name: _____

District or Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Evening: _____

Fax: _____

E-mail Address: _____

Type of Agency (check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> State Health Dept. or Professional | <input type="checkbox"/> Local Health Dept. | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Non-governmental Org. | <input type="checkbox"/> Private Medical Provider | <input type="checkbox"/> Corrections |
| <input type="checkbox"/> DHEC Funded Prevention Contractor | | <input type="checkbox"/> Other _____ |

Mark the course date and location you are requesting:

__ November 1-2, 2007 Greenville, SC

*HIV, STD, and SC STD/HIV Law and Test Decision Counseling, Result Counseling, and Risk Reduction Counseling are prerequisite for the above course. Please indicate the following information regarding each:

1. Date and location: _____
2. Date and location: _____

Supervisor's Signature: _____

(Your supervisor *must* sign this form to indicate knowledge and agreement with your registration.)

For additional information contact James Harris, Jr. STD/HIV Division Training Coordinator at 803-898-0480 or by e-mail at harrisj@dhec.sc.gov. Fax registration forms to 803-898-0573. Deadline for registration is 15 business days prior to all training dates.